Name:		

## State Certified Appraiser Candidate Experience Log

Page #	
(Please number	each
	page)

Office File#	Appraisal Date (mm/dd/yy)	Property Address	Property Type <sup>1</sup>	Report Type <sup>2</sup>	% of Particip a-tion in Appraisa	# of work hours	FRT with value over \$250,000?  Yes No		If yes, indicate Supervising Appraiser (print name on top line, signature of supervisor on bottom)	Points Claimed		Agency Use Only
					l					Res.	Gen.	
		Street:							Print name:			
		City, State:							Signature:			
		Street:							Print name:			
		City, State:							Signature:			
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		City, State:							Signature:			
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		City, State:							Signature:			
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	City, State:								Signature:			
		Street:							Print name:			
		City, State:							Signature:			
Applica	Applicant's signature Subtotal Points for This Sheet											

<sup>&</sup>lt;sup>1</sup>1. Residential, 2. Commercial, 3. Industrial, 4. Agricultural, 5. Land, 6. Other

<sup>&</sup>lt;sup>2</sup>1. Restricted Use, 2. Summary, 3. Self Contained